## Interjurisdictional Follow-up Form

3	0 day status:		not located		
Return to:					
Name	Name		Fax number  Phone number		
Jurisdiction	Jurisdiction				
D. /			D	C1 : 41	/ /
Patient name	First	Middle	Dat	e of birth _	//
New address					
Number	Jumber Street/Apt.		State Zip Co		Zip Code
New telephone ( )			Sex:	Male	Female
Case: (Send RVCT F/U2 to	reporting jurisdicti	on)			
Completed:/ /	Moved t				
□Died	□Lost (afte	city er initially located)	county  Never	located	state
☐Uncooperative or refuse		□Not TB □Other			
-					
Suspect:					
□Verified by lab	b □Verified by cl			If verified, and original jurisdiction	
□Verified by provider	by provider		submits RVCT, complete case outcome above.		
□Other:					
Contact:					
□No follow-up performe	ed □Never l	ocated			
□Evaluated: □ Class II	□ Class III □Class	IV □No infecti	ion		
☐Started treatment	□Continu	ing treatment	□Other:		
LTBI/Convertor:					
□No follow-up performed	l □Never l	ocated	☐Started treatment		
□Continuing treatment	□Other:_				